PTC/SB/06 (08-03)

Approved for use through 7/31/2006, C8/9 0531-0032

U.S. Patient and Tradement Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FFE DETERMENT AS CONSIGN of Information unities to disputate a visio outh

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	PATENT APPLICATION FEE DETERMINATION RECORD										Application or Docket Humber		
Substitute for Form PTO-875										7	09/18/090		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY				OTHER THAN SMALL ENTITY	
-	FOR BASIC FEE		NUMBER FILED			BER EXTRA	1	RATE	FEE	_	RATE	FEE	
	7 CFR 1.18(k))						J	L	:355	OR.			
P	CFR 1.18(c)	4	Ø cobsus 20 = .			•		X 5 a		o <sub>R</sub>	X1 -	<del> </del>	
0.0	DEPENDENT CU CFR 1.(8(b))	UMS /	etuen	3 = .			1	X 8 =	1	OR		<del> </del> -	
M	MULTIPLE DEPENDENT CLASH PRESENT (37 CFR 1.16(4))								<del> </del>	┪ ¨			
٠,	" if thre difference in column 1 is less than zone, enter "O" in column 2.							<u> </u>	355	- OR	+1	<del> </del>	
	CLAIMS AS AMENDED - PART II							TOTAL		_} OR	TOTAL	<u> </u>	
	`		AUCHOC	U-PARI	11				•				
┝	(Cotumn 1) (Cotu					(Column 3)		SMALL	ENTITY	CR.		R THAN ENTITY	
MENDMENT A		REMAINING AFTER AMENOMEN	1	PREVIOU	HIGHEST HUNBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
	Total UD CFR 1.14(4)	20	Minus	20	)	- /		xs -	Per /	1		FEE	
	tridependent (D OFR 1,14(A))	3	Minus	1.3		. /	ı	X s	/	OR.	× 5		
Ž	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.15(d))						lł		/-	QR	X 5 0		
								TOTAL	/	OR	TOTAL		
	1									OR	ADD'L FEE		
_	(1)	(Column 1)	<del></del>	(Column		(Cotumn 3)							
AMENDMENT B	अअन	REMAINING AFTER AMENOMENT		NUMBER PREVIOUS PAID FOI	Q Q	PRESENT EXTRA		RATE	ADOL- TIONAL FEE/		RATE	ADDI- TIONAL	
	कि क्या १ व्यक्त	. 18	Minus	7		• /	ı	x		OR	×8 •	FEE	
	ED CHE 1.1603	. 2	Miras		П	•/	T	xs •	_/	OR	XS .		
₹	FIRST PRESENTATION OF MILTONE DEPENDENT CLAM (DT CFR 18(0))						r	+5	1	OR			
									/	***	TOTAL		
		(Cotumn 1)		(Cotumn )	<b>3</b> 1	(Column 3)		ADD'T FEE		<b>O</b> R	ADDIFEE [		
AMENDMENT C		CLAIMS REMAINING		HIGHEST	1		Г		<del>`                                    </del>	1			
	•	AFTER AMENDMENT		NUMBER PREVIOUS PAID FOR	LY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	(IP OF R 1. WILE)	<u> 18</u>	Minus	20			Γ,	· s =		- OR	×s_ = -		
	(JF CFR 1,18(D))	. 3	Minus	<u> </u>	T	•	T,		コ	OR	x s .		
₹	FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (37 CFR 1.15(4))						Г		$\neg \neg$	OR			
							7	OTAL DOLFEE			TOTAL		
* If the entry in column 1 is less than the entry in column 2, write '0' in column 3.  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 2" in										OR	ADD'TEE		
•••	t the TEphest M	under Previous abber Praviousk	y Paid For • Paid For	IN THIS SPAC	CE is	less than 2 ' is						İ	
_	- Lethest Wit	mber Previously	Paid For (1	alst or indepe	nden	of its the highest	nur	bee laund in th					

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.15. The information is required to obtain or retain a benefit by the public which is to the fund by the SSPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes in complete application form to the U.S.PTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need essistance in completing the form, call 1-600-PTC-9199 and select option 2.